Appendix Four: Proposed Banding Descriptors and Top-Ups
Haringey SEND Banding Descriptors

Introduction

Haringey Local Authority and its partners are committed to strengthening the systems of support for all young people with Special, Educational Needs and Disabilities (SEND). Haringey recognises that SEND is a broad term which includes the vast range of special educational needs and disabilities many of our young people manage, sometimes living with these permanently and other times for a shorter period.

We know resources to support children and young people with SEND are finite. It is, therefore, essential to ensure that systems for allocating additional resources (beyond those expected in our inclusive schools) are transparent, fair and based on need.

As a step towards addressing this, a set of Banding Descriptors has been developed throughout 2022/2023, working across our partnerships to provide a guide to levels of SEN need so that there is greater transparency and understanding of how needs are identified and the provision made to meet those needs. We hope that the Banding grid will be multi-functional – both a tool to assess needs and pointers for possible target setting to support young people to move towards independence.

The Banding Descriptors are designed to align with Haringey's graduated response to children and young people with SEND and with guidance for when to seek an EHC (Education, Health and Care) assessment.

The Banding Descriptors were developed during the Autumn Term 2022 and are currently being trialled (as of Spring 2023). They have been developed by a working party of SENCOs (Special Educational and Needs Co-ordinators), therapists and other educational professionals, parents and carers, and local authority SEND officers. We are very keen to receive feedback from potential users, and several events have been organised to facilitate this. You are also most welcome to send comments to SENDComms@haringey.gov.uk.

Thank you,

Mary Jarrett, Head of Service, Integrated SEND

The structure of the banding document

The bands are set out from A to H. As a rough guide:

Band A	Universal provision.
Band B	SEND support.
Band C	Children and young people whose needs may require support beyond high quality teaching and school-based targeted interventions, as set out in the SEND Support Guidance for Haringey. However, if these needs are addressed early and quickly it could result in a child being able to access the curriculum within the ordinary offer of education.
Band D	Children and young people requiring an EHCP.
Band E	Children and young people requiring an EHCP, but with progressively more support in a mainstream setting.
Band F	Children and young people requiring an EHCP, but with the highest level of support in a mainstream setting.
Band G	The level of need at which the majority of children and young people are likely to require a place in a special school but may in limited cases be supported in a mainstream school with very high levels of support.
Band H	The highest level of need. Exceptional and rare needs.

The descriptors set out in this banding document are organised according to the four areas of special educational need and disability set out in the 2015 code of practice, rather than by specific SEND diagnoses. The four areas of need in the code of practice are:

1. **Cognition and learning**: Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate scaffolding. Learning difficulties cover a wide range of needs, including Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and Multiple Learning Difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific Learning Difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

2. **Communication and interaction**: In our Banding framework, we have separated Communication and Interaction into two areas – Speech and Language and Social Communication

   - **Speech and Language:** Many children and young people experience difficulties with speech and language. These might include difficulties with producing speech sounds accurately, stammering, voice problems, understanding language and using language (words and sentences). Everyone with speech and language needs is different and may have difficulty with one, some or all of the different aspects of speech, language or communication at different times of their lives. Some difficulties are short-term but others will be more permanent and remain throughout childhood and adult life. Sometimes a child or young person's language disorder is associated with an underlying or co-concurring condition such as hearing loss, cleft palate, neurodevelopmental conditions and genetic conditions. However, there are times when there may be no clearly identifiable cause. This is known as developmental language disorder.

   - **Social Communication:** Children may also have difficulties with interacting in social situations with or without having speech and language needs. This may be attributed to a different way of thinking and processing information and may particularly, but not exclusively, apply to neurodiverse children and young people. The profile for every child with Speech and Language Communication Needs (SLCN) is different and their needs may change over time. They may have differences with one, some or all of the different aspects of speech, language or social communication at different times of their lives. Autistic Children and young people are likely to have different ways of interacting and different social rules and etiquette. They may also experience differences with how they interpret and process language and how they communicate. They may show some differences in flexibility of thought, planning and be more literal in their understanding. This can affect how they relate to others, and vice versa.

3. **Social, emotional, and mental health difficulties**: Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. The underlying causes of emotional dysregulation are likely to be varied and may include trauma, anxiety and neurodiversity. Behaviours may also include self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

4. **Sensory and/or physical needs**: Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people who require support with vision or hearing, or who have a Multi-Sensory Impairment (MSI), will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Some children and young people with a Physical Disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

How to use the Banding Descriptors

The descriptors in each band are cumulative, but not every child or young person will exhibit all the characteristics and difficulties listed. Many children will experience needs at different levels across different aspects for the framework. It is the role of education professionals, working with parents and the child or young person, to decide on the band which 'best fits' the child or young person's needs. The expectation is that banding allocations will be fairer and more rounded if they are developed through dialogue between several professionals, the parent or carer and, where appropriate, the young person.

The banding descriptors do not specify how needs will be met – that is a matter for schools, parents and the Local Authority to consider together, but it does include indicative levels to help plan support. The strategies and provision needed to meet the child's needs will be agreed as part of the child's SEN support planning.

In assessing a child or young person's needs against the banding descriptors, educational professionals and parents or carers should recognise the impact that high quality provision can have on the presentation of special educational needs. It is therefore critical that this document is read alongside Haringey's agreed approach to ordinarily available provision, which are set out in the SEND Core Standards on our website. These SEND Core Standards set out what every school in Haringey should provide for all children with a special educational need. The expectation is that these descriptions of need represent what a child can do, and the learning challenges they face, after appropriate and good quality provision has been made. The descriptors of need are not designed to compensate for poor quality or inconsistent support.

A child or young person's needs are likely to change over time in response to the support and teaching they have received, the changes in educational context and setting (for example moving from primary to secondary education) and their own maturity. It is therefore recommended that the agreed banding is reviewed once a year, or more frequently in response to an unexpected change or crisis. In the case of children with an Education Health and Care Plan (EHCP), this will form part of the annual review. We hope that the banding descriptors will provide ideas for targets to reduce dependence and planning to support greater independent access to the curriculum. However, we also recognise that for some children and young people, for example those with degenerative conditions, supporting and enabling greater independence over the child or young person's time in education will not be possible.

Understanding common terms used in the banding descriptors.

In reading the banding descriptors you will see the words mild, moderate, significant, severe, and profound used frequently. We are aware that in some contexts these words might have very specific medical or therapeutic definitions. However, in this document we are using these words in a pragmatic and non-technical way to describe the extent to which a child or young person's needs impact on their learning and their life. In general, throughout this document:

Mild: describes needs which cause a child or young person some difficulty on a fairly regular basis, but which can be overcome with relatively light touch help and support.

Moderate: describes needs which often cause a child or young person difficulties, but with applied, consistent, and well directed support can be addressed effectively.

Significant: describes needs which have an ongoing and serious impact on a child or young person's learning and ability to access the curriculum and requires a much more intensive and individualised support offer to manage well.

Severe: describes needs which impact on most areas of learning and to a great degree. Support required will be more specialised and intensive and is likely to be required long-term.

Profound: describes the highest level of needs, which affect all areas of life and learning and require the highest levels of support to manage safely and effectively in an educational setting.

For other terms, phrases or abbreviations that are difficult to understand, please visit our Jargon Buster webpage.

Cognition and Learning

	Band A Universal	Band B SEN Support	Band C SEN Support Plus	Band D High Needs	Band E High Needs	Band F High Needs	Band G High Needs	Band H High Needs
Attainment and progress	Attainment levels are close to average, CYP are progressing at a steady rate and responding to high quality teaching and short-term interventions.	Attainment levels are well below average and CYP is making limited progress in response to high quality teaching and targeted sustained intervention.	Attainment levels are well below average and CYP is making very limited progress despite high quality teaching and sustained targeted intervention. Sudden unexpected incident e.g., accident, illness or trauma may impact on CYP's ability to make progress.	Working significantly below age related expectations in most subjects (alongside significant needs in other areas) for example: • End of EY – 2 years delay • End of KS1 – 2 years delay • End KS2 – working at Y3 level • End KS 3 – working Y4 level • End KS4 – working at Y6 level	Working significantly below age related expectations (alongside significant needs in other areas) and the gap continues to widen: • End of EY – 3 years delay • End of KS1 – 3 years delay • End KS2 – working below Y2 level • End KS 3 – working below Y3 level • End KS4 – working below Y5 level	Band E plus additional needs in other areas of SEN in mobility and coordination, communication or acquisition of self-help skills. Additional needs must be at least at band E level. Lack of academic progress may impact on social, emotional, and mental wellbeing, due to isolation.	Severe and Multiple Learning Difficulties Attainment levels at early developmental stage throughout their education.	Band G plus additional needs in other areas of SEN (totally physically dependent, neurological, genetic, or other medical condition which results in profound needs in other areas of SEN). Additional needs must be at least at band G level.
Core skills	May have some difficulties with reading, writing, spelling or mathematics.	Greater difficulty than peers in acquiring basic literacy and numeracy skills and in understanding concepts. Mild difficulties in reasoning and problem-solving skills.	Moderate difficulties in acquiring literacy and numeracy skills, in retaining information, generalising and problem-solving skills.	Significant difficulties in acquiring literacy and numeracy skills, retaining information, generalising skills, and problem-solving skills.	Severe difficulties in acquiring literacy and numeracy skills, in retaining information generalisation, transferring and problem-solving skills.	Some difficulties accomplishing personal care, self-help, and independence skills throughout the day.	Severe difficulties accomplishing personal care, self-help, and independence skills throughout the day.	Almost all aspects of personal care and self-care would be carried out by an adult.
Focus and attention	May have some difficulty organising written work, expressing and/or recording ideas.	Mild but persistent difficulties with organisational and presentational skills, and with attention and concentration.	Difficulty working alone. Moderate difficulties in attention and concentration and staying on task. May have slower processing skills and need more time to respond to instructions.	Significant difficulties in attention and concentration and staying on task. May have significantly slower processing skills and need more time to respond to instructions.	Severe difficulties in attention and concentration and staying on task.	Severe difficulties in attention and concentration and staying on tasks even for highly motivating time-limited activities.	With adult support the child can only maintain arousal and attention levels where they are in just the right state for short periods of time	The child is unable to maintain arousal and attention levels at a level where they are not either in a low arousal state or an extremely distressed state which prevents engagement in any learning.
Response to intervention	Time-limited and evidence-based interventions are very successful in enabling CYP to overcome challenges.	Evidence based interventions enable CYP to make good progress.	Needs persist despite evidence-based interventions.	Needs persist despite evidence- based interventions, including those recommended by an external professional.	Small steps of progress with higher levels of evidence-based interventions	Very limited progress with higher levels of evidence-based interventions	The highest levels of evidence-based interventions have very little impact.	The highest levels of evidence-based interventions have very little impact.
Accessing curriculum	Little to no curriculum adaptation needed.	Difficulties necessitate some alteration of the curriculum and support.	Cannot access the curriculum without modification to programmes and materials which allows for repetition and over-learning.	Cannot access the curriculum without significant modification to programmes and materials which allows for repetition and over-learning.	Difficulties necessitate alteration of the curriculum which may include a personalised curriculum to enable a more limited pace of learning with a more functional curriculum for an extended period or learning in shorter and more concentrated bursts to maintain focus.	Difficulties necessitate alteration of the curriculum which will include a personalised curriculum to enable a more limited pace of learning with a more functional curriculum for an extended period.	Adapted learning environment with high levels of adult support and a personalised curriculum focused on functional skills and developing independence.	Highly personalised curriculum necessary focused on the engagement profile and skills such as showing with their bodies that they recognise a familiar person

Communication and interaction

Speech and language

	Band A Universal	Band B SEN Support	Band C SEN Support Plus	Band D High Needs	Band E High Needs	Band F High Needs	Band G High Needs	Band H High Needs
Language skills	Language skills which mean the child can access an age-appropriate curriculum. In-school language screen indicates the CYP's language skills are within average range.	Mild to moderate difficulties with language which may be identified through an in-school language screen. Difficulties should not be attributable to their level of English acquisition and home language skills must always be considered.	Moderate difficulties with language, which may be identified through an in-school language screen. Difficulties should not be attributable to their level of English acquisition and home language skills must always be considered.	Significant difficulty with language as shown by screening or assessment. Language difficulties are causing regular and frequent difficulty in accessing the curriculum and participating effectively in learning.	Severe difficulty with language causing difficulties with functional communication and difficulties learning and forming social relationships.	Very severe difficulties with language causing limited functional communication and significant barriers to learning and to social relationships. Functional language abilities are impaired to a degree that prevents effective communication with most peers and adults.	Severe to profound difficulties with language which affect their ability to communicate successfully with all but those most familiar to them, even with contextual support.	Profoundly limited language skills; non-verbal and very limited or no understanding of language or other means of communication.
Understanding	May have difficulties with comprehension, and ability to follow instructions,	Difficulty with understanding the language of the classroom. Some difficulties in processing and responding to verbal information. May have difficulties in understanding and carrying out 2 to 3 instructions, or in following instructions appropriate for their age.	Difficulties in understanding have some impact on ability to be an independent learner within the school or setting. Difficulties in understanding, including subject specific vocabulary, which impacts on accessing the full curriculum.	Difficulties in understanding classroom language including longer instructions and those with more complex grammar and vocab. Difficulties in understanding and following instructions are impacting on learning and independence.	Difficulty understanding simple instructions with a range of adults and peers.	Able to understand only highly modified language including assistive and augmentative systems (means of communicating without talking).	Reliant on assistive and augmentative systems (means of communicating without talking) to enable them to make their needs and wishes known. Difficulty in using supportive systems without the support of a trained adult.	Almost wholly reliant on assistive and augmentative systems with the support of a trained adult. For some children augmentative or supportive systems are inaccessible, even if highly supported by an adult with specialist knowledge of the child.
Speech	Can be understood in most situations.	May show unusual aspects of speech such as unusual intonation, volume, and idiosyncratic phrases.	Listeners have to use high levels of exploratory questioning and visual scaffolds to ensure accurate interpretation of the pupil's message.	Persistent difficulties with speech which impact significantly on intelligibility and literacy skills. Speech may only be intelligible to familiar adults.	Severe difficulties with speech which constantly impact on intelligibility and communication. Speech may only be intelligible to familiar adults.	Speech intelligibility limited to familiar words used in context	Very reliant on familiar adults' interpretation of their needs.	Uses subtle means of communication which may be missed by an unfamiliar person.
Expressive language	CYP may have difficulties with giving accounts of events or conveying more abstract and complex thoughts.	May have difficulties in using a range of grammatically correct sentence structures for their age. May have some word finding difficulties or muddle word order.	May have difficulties with creating sentences, narratives or choosing accurate words.	Mainly communicates in single words and very simple sentences.	Some single words may be clear but connected speech remains poor.	Uses basic verbal communication alongside non-verbal communications which may be very idiosyncratic	Reliant on tools to respond to options to meet needs, for example "yes", "no" to a question. CYPs communicate by gesture, eye pointing or AAC device	Reliant on tools to respond to options to meet needs, for example "yes", "no" to a question. CYPs communicate by gesture, eye pointing or AAC device

Social communication

	Band A Universal	Band B SEN Support	Band C SEN Support Plus	Band D High Needs	Band E High Needs	Band F High Needs	Band G High Needs	Band H High Needs
Social communication skills	Occasional misunderstanding of social cues and situations. May be reluctant to comment in class/group situations due to needs.	More regular misunderstanding of social cues and situations which can lead to anxiety or frustration. Able to access the curriculum with some adjustments to support social communication differences.	Frequent misunderstanding of social cues and situations, which can lead to frustration, anxiety or distress and can impact on the ability to engage in classroom activities. May need curriculum adapted to suit social communication differences and support processing.	Misunderstanding of social cues and situations which significantly impacts on the ability to engage in learning and some classroom activities.	Misunderstanding of social cues and situations which severely impacts on the ability to engage in all classroom activities. Likely to withdraw from communication in class or interact in unexpected ways in the classroom.	Misunderstanding of social cues and situations which severely impacts the ability to regulate emotions and causes regular high levels of distress and anxiety which present serious barriers to learning.	Misunderstanding of social cues and situations which profoundly impact on all areas of learning and ability to function within the educational setting throughout the day including social times.	Misunderstanding of social cues and situations which profoundly impact on all areas of learning and which lead to daily, persistently high levels of distress and anxiety.
Forming friendships	Mostly confident with occasional difficulty integrating or fulfilling social activity.	Regularly experiences difficulty in forming and maintaining friendships which may be caused by immaturity or learning needs.	Regular (daily) difficulties in playing and / or interacting with other CYP appropriately leading to verbal or physical disruptions that can sometimes be resolved by an adult 'debrief'. Frequent unexpected responses to adults or other CYP that may be perceived as rude or disruptive and that need adult support to develop understanding. May need intensive but time limited adult support in forming or reforming friendships if existing friendships break down.	Limited initiation of social interaction but can take part in some imaginative play if taught/supported but does not yet show signs of developing this independently. Regularly participates in solitary activity which is unusually focused on a special interest.	Finds it hard to see beyond their own point of view- unable to play games or interact on other people's terms. Limited social interaction with language difficulties having severe impact on learning in all subjects.	May approach others paying little or no attention to their responses- leading to a lack of real sustained friendships. Unable to engage in most social activities- becoming more isolated from other CYP.	Unable to engage in almost all social activities-becoming very isolated from other CYP.	Inability to tolerate any social interaction other than meeting own basic needs.
Expressing feelings	May struggle at times to express their feelings in an age-appropriate way.	May show literal use and interpretation of language. May respond unexpectedly in social and/or learning environment.	Regularly experiences difficulties in understanding and expressing their feelings appropriately which may at times lead to anxiety, frustration, low self-esteem, isolation, or withdrawal behaviour. Responds positively to calming strategies.	Has difficulty expressing feelings in most social and learning contexts. Engages in limited social interaction and language difficulties have a significant impact on learning in most subjects.	Difficulties expressing emotions which leads to distressed behaviours and increased anxiety on a daily basis. May show signs of distress, confusion or shutting down. Likely to be misunderstood and respond inappropriately.	Severe difficulties expressing emotions which leads to frequent distressed behaviours and increased anxiety multiple times a day.	Severely limited recognition of own or others' emotions.	Profoundly limited recognition of own or others' emotions.
Relationships	May experience some difficulties in making and/or sustaining relationships, but able to work in a group with other peers and adults.	Difficulties in forming and maintaining positive relationships, which also prevents being able to cooperate/ work in a group with other peers and adults and impedes functioning in learning tasks.	Difficulties in forming and maintaining positive relationships, which also prevents being able to cooperate/ work in a group with other peers and adults and impedes functioning in learning tasks. Some connection seeking or avoiding behaviours, likely to be reliant on relationships with key adults or peers.	Significant difficulties in building and maintaining successful relationships with adults and peers. Isolated from peers, has few friendships and may be vulnerable to exploitation. Difficulties understanding social and physical risks.	Severe difficulties in building and maintaining successful relationships with adults and peers. Difficulties understanding social and physical risks and their own vulnerability, severely limited ability to understand consequences of actions.	Severe difficulties in being able to manage his/her actions and how they may affect themselves and others.	Severe difficulties in being able to manage his/her actions and how they may affect themselves and others resulting in unpredictable behaviours which cause further isolation from others.	Highly complex needs leading to profound difficulties in being able to manage his/her actions and how they may affect themselves and others resulting in unpredictable behaviours which causes high levels of risk to themselves and/or further isolation from others.

Social Emotional and Mental Health

	Band A Universal	Band B SEN Support	Band C SEN Support Plus	Band D High Needs	Band E High Needs	Band F High Needs	Band G High Needs	Band H High Needs
Attention to tasks	May experience low level/low frequency difficulties with working independently or following adult directions, requiring encouragement to stay on task	Mild difficulty with maintaining and directing attention and concentration.	Moderate difficulties with maintaining and directing attention but responds well to adult intervention.	Significant difficulties with maintaining concentration and attention which limits learning and participation. May display a strong need to assert independence, autonomy or control of a situation or environment.	Severe difficulties within maintaining concentration and attention prevent learning and participation. May display a strong need to assert independence, autonomy or control of a situation or environment.	Profound difficulties with maintaining concentration and attention prevent almost all learning and participation without significant adaptation.	Persistent state of distress means CYP is unable to engage in most aspects of the curriculum. Needs a highly adapted, bespoke curriculum and learning environment.	Persistent state of distress means CYP is unable to engage in the curriculum or any activities.
Emotional regulation	Sometimes needs support with transition or leaving parent. CYP involved in occasional incidents in or out of lessons.	Difficulty understanding and managing their emotions, exhibits regular changes in mood. Involved in regular incidents in and outside of lessons.	Difficulties identifying and managing emotions in themselves and others accurately but can apply strategies when supported by an adult. Involved in frequent incidents in and outside of lessons.	Struggles to self-regulate leading to prolonged experience of stress which may be exhibited inwardly or overtly. Weekly incidents which involve behaviours which challenge others.	Daily dysregulation which involves behaviours which challenge others and which sometimes compromise the safety and health of themselves and others. Challenges with self-regulation which result in being unable to engage in lessons on a daily basis. Difficulties with engagement with anyone other than a key adult.	Dysregulation multiple times a day which involves behaviours which challenge others. Severe difficulties in accepting requests or consequences or engaging in restoration. Risk of harm to self and others Challenges with self-regulation which result in being unable to engage in lessons multiple times a day.	Frequent, intense and prolonged dysregulation. High risk of harm to self and others	Very frequent and persistent dysregulation which is extremely difficult to manage, even with specific, individualised intervention and co-regulation. Adaptive responses to stress or long term trauma means that focus of behaviour is on survival Very high risk of harm to self and others.
Attendance	May show some anxiety around learning or the school environment.	Re-integration support needed due to periods of absence.	Intermittent or poor attendance affects social and academic functioning which require a school-based intervention.	Poor attendance and/or school avoidance has a significant impact on learning and requires ongoing intervention.	Severely reduced access to curriculum due to periods of dysregulated behaviour or emotionally based school avoidance.	Unable to access learning or school environment even with bespoke curriculum and on-going personalised intervention.	Unable to access learning or school environment even with bespoke curriculum and on-going personalised intervention.	Unable to access learning or school environment even with bespoke curriculum and on-going personalised intervention.
Mental health	May experience limited lack of confidence or low self-worth.	Low self-worth, seeks approval and reassurance repeatedly but yet still appears to remain insecure. Levels of anxiety impact on learning, relationships and attendance and need sustained adult support.	Sudden, unexpected or short-term additional needs for example as a result of bereavement, trauma or life change.	May have mental health needs that significantly impact on learning and activities throughout the week.	May have an assessed mental health need that significantly impacts on learning and activities on a daily basis.	Mental health needs significantly impact on daily learning and relationships with others.	Complex, mental health needs which impact on daily life.	Complex, chronic and/or multiple mental health needs which impact on daily life.

Managing change	May experience low level/low frequency difficulties with following classroom routines, responding to social situations such as turn taking, reciprocal attention, sharing of resources, social isolation or low-level anxiety in social situations.	Has a strong need for things to be predictable and clear, and when routines are disrupted, or there are unexpected changes this can cause some difficulty in accessing the curriculum. Difficulties switching between activities. Often needs support with transitions.	Regularly experiences difficulties in understanding change or social expectations which leads to errors in actions / choices but do not pose risk of harm to pupil or others. Regularly needs support with transitions.	Frequently shows signs of anxiety or distress when faced with new people, places, events or uncertainty.	Frequently experiencing distress when changing focus or moving between activities. Appearing distracted/ self-occupying or frequent use of self-soothing actions due to distress caused by changes in the environment. Changes in the environment prevent CYP from filtering anything else in the environment, interacting with others, or learning.	Avoidance, self-occupying and other actions due to stress, change or uncertainty make it difficult to engage in learning. These can lead to severe anxiety, and distressed behaviour on a daily basis.	Demand avoidant, distressed behaviours with high levels of anxiety which become the main focus for the CYP, not allowing them to be able to process anything else.	Extremely high levels of anxiety which impact upon their wellbeing and ability to engage in all contexts.

Sensory and/or physical

Vision

	Band A Universal	Band B SEN Support	Band C SEN Support Plus	Band D High Needs	Band E High Needs	Band F High Needs	Band G High Needs	Band H High Needs
Degree of vision loss	Vision within normal range up to needing to be twice as close to objects to see them (6/6-6/12 SnellenLogMAR 0.0-0.3) Bilateral vision impairment Unilateral amblyopia (lazy eye), monocular vision.	Mild to Moderate vision impairment, needing to be up to three times as close to objects to see them: 6/12-6/19 Snellen (LogMAR 0.3-0.5) Likely to need clear print and/or enlarged print to point size N14-18 May have fluctuating vision in different educational environments.	Moderate vision impairment needing to be up to four times as close to objects to see them (6/12-6/24 Snellen LogMAR 0.5 – 0.6) leading CYP to fall behind peers. Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures. Resources would need to be enlarged/modified. May have gradually deteriorating vision. May need a visual aid to access curriculum	Moderate to severe vision impairment ranges from needing to be 4 to 6 times closer to objects to see them (6/24-6/38 Snellen LogMAR 0.6-0.8) Clear print and/or modified large print to point size N18-N24	Severe vision impairment ranges from needing to be 6 to 8 times closer to objects to see them (6/38-6/48 Snellen LogMAR 0.8-0.9) Likely to need modified large print to point size N24-N36 in addition to visual aids. CYP may have Cerebral Visual Impairment (CVI) – these pupils may have normal or near normal visual acuities but will display moderate to significant visual processing difficulties.	Severe vision impairment ranges from needing to be 8 to 10 times closer to objects to see them (6/48-6/60 Snellen LogMAR 0.9-1.0) Will need modified large print point size N36-N48 in addition to visual aids.	Severe vision impairment: needing to be more than 10 times closer to objects to see them (6/60 – 6/120 Snellen LogMAR 1.0-1.3) Will need modified large print to point size N48 or larger in additional to visual aids. Registered severely sight impaired (SSI).	Severe vision impairment: needing to be more than 10 times closer to objects to see them (More than 6/120 Snellen LogMAR 1.3 and above) Registered severely sight impaired (SSI).
Impact on learning	If undergoing a vision occlusion programme (patching) CYP may need environmental changes such as sitting closer to the focal point of the lesson to allow for their temporary deterioration of vision.	May have difficulties with spatial awareness, using standard text and pictorial materials e.g., maps and graphs.	In addition, CYP may find concentration difficult due to visual fatigue, make frequent "copying" mistakes, have poor hand-eye coordination and/or have slow work rate.	Curriculum access may require significant modification and/or adaptations of curriculum materials. May not be able to see details on a white board without approaching to within 1 metre from it.	Access to the curriculum requires substantial individual differentiation and adaptation of the majority of materials in all areas of the curriculum.	Access to the curriculum requires substantial individual differentiation and adaptation of material in all areas of the curriculum.	Able to access curriculum only with assistive devices and requires substantial modification and/or adaptations of materials.	Able to access curriculum only with assistive devices and requires substantial modification and/or adaptations of materials.
Mobility, independence & social wellbeing	Independently mobile	Independently mobile in familiar areas. In unfamiliar areas may need orientation and familiarisation. May miss facial expressions, body language or gestures of others. May need support with social interactions and building friendships.	Mobility skills may be affected, requiring access to assessment and support if needed. May need emotional support to develop a sense of their positive identity, resilience, independence, and self- esteem. May need support with social interactions and building friendships.	May need assessment of mobility skills at transition points in their education. Will need to be within 1m to see people's facial expressions, body language and gestures. Will need structured support with social interactions and building friendships	Will need orientation skills and may need assessment for cane training and independent living skills teaching and habilitation skills. Will need emotional support to develop a sense of their deaf identity, resilience, independence, self-esteem.	Able to access buildings and move around the school only with regular and individual formal teaching of orientation and mobility. This may include white cane training.	Able to access buildings and move around the school only with regular and individual formal teaching of orientation and mobility. This may include white cane training.	Able to access buildings and move around the school only with regular and individual formal teaching of orientation and mobility. This may include white cane training.

Access and vision technology	Vision can be corrected by glasses.	Curriculum access possible with vision aids (eg magnifiers) use of accessibility options when using laptops, tablets and phones, specialist accessibility IT equipment, adaptation of materials.	May need specialist software and hardware for curriculum access	Curriculum access not possible without significant modification and/or adaptations of curriculum materials requiring training to produce resources and additional support in practical subjects (safety). May benefit from use of braille and/or tactile materials.	Able to access curriculum only with substantial adaptations of most learning materials requiring training to produce resources and additional support in practical subjects to enable safe participation. Will need use of braille and/or tactile materials.	Able to access curriculum only with substantial adaptations of all learning materials requiring training to produce resources. Specialist ICT will likely be required and additional support in all subjects. Will need use of braille and/or tactile materials	Able to access curriculum and buildings only with substantial adaptations of all learning materials requiring training to produce resources, ICT and additional support in practical subjects. Will need use of braille and/or tactile materials.	Able to access information using braille/tactile methods which require specialist training to produce resources. Some may learn specialist Braille code for Maths, Science, Music and Languages, as well as the Literary Code.
Hearing								
	Band A Universal	**Band B SEN Support**	**Band C SEN Support Plus**	**Band D High Needs**	**Band E High Needs**	**Band F High Needs**	**Band G High Needs**	**Band H High Needs**
Degree/level of hearing loss	Hearing within normal range (0 to 20 dB)	The deafness is likely to be permanent and at least 'Mild' in level (hearing loss 20 dB– 40dB) Unilateral/Mild Hearing Loss/Fluctuating conductive. Late diagnosis or onset, bilateral or unilateral. Could be an acquired hearing loss, congenital or progressive hearing loss.	May have a moderate sensorineural hearing loss (41 to 70 dB) or a permanent conductive hearing loss. May have auditory neuropathy and/or other hearing difficulties. Late diagnosis or onset, bilateral or unilateral.	The deafness is likely to be permanent and at least 'Moderate' in nature (average hearing thresholds between 41-70dB) May have auditory neuropathy and/or other hearing difficulties. Late diagnosis or onset, bilateral or unilateral.	The deafness will be permanent and at a severe level (average hearing thresholds between 71-90dB). May have auditory neuropathy and/or other hearing difficulties. Late diagnosis or onset, bilateral or unilateral.	The deafness will be permanent and severe to profound. (average hearing thresholds 71dB to 95dB May have auditory neuropathy and /or other hearing difficulties. Late diagnosis or onset, bilateral or unilateral.	The deafness will be permanent and profound (in excess of 95dB) May have auditory Neuropathy and/or other hearing difficulties. Late diagnosis or onset, bilateral or unilateral.	The deafness will be permanent and Profound level (in excess 95dB) May have auditory neuropathy and /or other hearing difficulties. Late diagnosis or onset, bilateral or unilateral.
Impact on Learning	May have listening difficulties, particularly with background noise and may mis-hear and mis-understand spoken information which may require class teacher checking and understanding.	Deafness that affects access to the curriculum, possible with specialist equipment, adaptation and support; for example, hearing aids, good acoustic conditions.	Curriculum access may require moderate modification and/or adaptations of curriculum materials.	Curriculum access may require significant modification and/or adaptations of curriculum materials. Support may use British Sign Language and/or other visual approaches.	Access to the curriculum requires substantial individual differentiation and adaptation of material in the majority of materials in all areas of the curriculum. Support may use of British Sign Language and/or other visual approaches.	Access to the curriculum requires substantial individual differentiation and adaptation of material in all areas of the curriculum. All teaching and support are likely to involve the use of British Sign Language and/or other forms of visual communication or oral/auditory communication.	Able to access curriculum only with assistive devices and requires substantial modification and/or adaptations of materials. All teaching and support are likely to involve the use of British Sign Language and/or other forms of visual communication or oral/auditory communication.	Able to access curriculum only with assistive devices and requires substantial modification and/or adaptations of materials. All teaching and support are likely to involve the use of British Sign Language and/or other forms of visual communication or oral/auditory communication.

Hearing Technology	No hearing supports required.	Hearing aid/s **may** be issued.	Hearing aid/s (including bone anchored hearing aids) essential. Radio aid likely to be necessary. CYP able to be able to use hearing aid/s independently with minimal support.	Hearing aid/s (including bone anchored hearing aids) essential. CYP may not be able to use hearing aid/s independently. Radio aid likely to be necessary. Access to excellent acoustic listening conditions essential	Hearing aid/s (including bone anchored hearing aids) essential. Radio aid essential. Access to excellent acoustic listening conditions essential	Hearing aid/s (including bone anchored hearing aids, Cochlear Implant, Auditory Brainstem Implant) essential. Radio aid essential. Access to excellent acoustic listening conditions essential	Hearing aid/s (including bone anchored hearing aids Cochlear implant, Auditory Brainstem Implant) essential. Radio aid essential. Access to excellent acoustic listening conditions essential.	Hearing aid/s (including bone anchored hearing aids Cochlear implant, Auditory Brainstem Implant) essential. Radio aid essential. Access to excellent acoustic listening conditions essential.
Communication and Social Wellbeing	Hearing does not impact on CYP's ability to communicate or form relationships.	May have difficulties with communicating with peers or other adults due to audiological access. CYP may need emotional support to develop a sense of their positive deaf identity, resilience, independence, and self-esteem. CYP may need structured support with social interactions and building friendships	Language levels may show some delay identified through appropriate assessment. Functional language abilities may impact on effective age-appropriate communication. CYP may need emotional support to develop a sense of their positive deaf identity, resilience, independence, self-esteem. CYP may need structured support with social interactions and building friendships	May have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on effective age-appropriate communication. CYP will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self-esteem. CYP will need structured support with social interactions and building friendships	Likely to have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on communication and may result in limited social relationships. CYP will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self-esteem. CYP will need structured support with social interactions and building friendships	Likely to have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on communication and could result in limited social relationships. CYP will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self-esteem. CYP will need structured support with social interactions and building friendships	Likely to have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on communication and could result in limited social relationships. CYP will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self-esteem. CYP will need structured support with social interactions and building friendships	Likely to have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on communication and could result in limited social relationships. CYP will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self- esteem. CYP will need structured support with social interactions and building friendships

Physical and/or medical needs

	Band A Universal	Band B SEN Support	Band C SEN Support Plus	Band D High Needs	Band E High Needs	Band F High Needs	Band G High Needs	Band H High Needs
Overall impact on learning	Physical development broadly in line with average. CYP attempts all physical activities. CYPs may have lower than average fine or gross motor skills.	Can move independently but has some stability or motor coordination difficulties. CYP has difficulties relating to tasks involving fine and gross motor skills, which require reasonable adjustments and additional planning. CYP may tire more quickly.	Impaired motor functions, affecting dexterity or mobility within school, which would without intervention, hamper access to curriculum. Exhibits fatigue, lack of concentration or motivation due to their physical or medical needs, which is having a marked effect on performance. May need specialist equipment overseen by a trained member of staff.	Physical needs give rise to safety issues. Curriculum and environment access may not be possible without modification and/or adaptations of curriculum materials and/or adaptive equipment.	Curriculum access not possible without considerable modification and adaptation of curriculum materials e.g., scaffolding, physical/neurological difficulties requiring support for recording.	Severe physical, medical, or neurological condition which impacts on all areas of independent learning and/or emotional wellbeing throughout the day.	CYP has a long-term and/or progressive condition and is reliant on adult support or supervision for moving, positioning, personal care including drinking eating.	Profound physical, long-term, and progressive, life limiting condition/needs. Has total and complex support needs for mobility, personal care, positioning, movement, hoisting and eating/drinking/ suctioning.
Health or medical needs	Medical needs are well managed and do not impact on access to the curriculum.	Physical/medical condition (for example diabetes or epilepsy) may impact on access to the curriculum and require medication and monitoring.	Medical interventions/close monitoring which have a moderate impact on curriculum access and daily routines are required. Medical and/or physical needs that may require time-limited periods of intensive support (eg fluctuating needs) Learning affected by health problems and hospital visits.	Medical interventions/close monitoring which have a significant impact on curriculum access and daily routines are required.	Medical interventions/close monitoring which have a severe impact on curriculum access and daily routines are required.	Medical needs including feeding, sleeping and medication which lead to the child failing to thrive and the need for ongoing support of medical professionals.	Medical needs are fluctuating and can lead to frequent emergency situations, for example unstable seizure activity or suctioning.	Health care needs require highly structured and complex medical interventions authorised by medical professionals, very likely to require fast staff response and administration of emergency rescue medication. H* - Any child eligible for continuing health care. Interventions actioned by a medical professional.
Mobility	Fully independently mobile.	Can move and position independently but may have stability and/or gross/fine motor coordination difficulties. They can make independent use of available safety features of the school environment, such as handrails and sloped walkways and can walk up and down stairs.	Mild disability. May use walking aids, with only occasional adult assistance. May have a reduced ability to run or jump, hand function may be restricted. Mobility, speed, balance and co-ordination can be affected, particularly over medium to long distances. Crowded areas or confined spaces can compromise balance	Moderate disability. Pupil is mobile with use of walking aids, but may need more frequent adult assistance. Impaired motor functions, affecting dexterity or mobility within school, which would without intervention, directly obstruct or hamper access to the curriculum	Severe disability. Uses wheeled mobility for longer distances, outdoors and in the community – self-propel, powered or requires physical assistance with manual chair. Needs specialist seating and/or other specialist equipment. Physical skills may fluctuate and/or deteriorate during a day.	Severe disability. Needs access to a wheelchair (adult supported) for movement. Needs specialist seating and/or other specialist equipment. Environmental adaptations to access school curriculum. For example, ramping, widening doorways, provision of care-suite for hygiene or adapted toilet facilities.	Children have profound difficulty performing physical skills including limited ability to maintain head and trunk posture; limited ability to control movement of limbs. Uses manual wheelchair or powered chair at all times in the setting. May require frequent or prolonged positioning. Requires support in and personal care, eating/drinking needs.	Requires hoisting to improve head alignment, seating or standing and all transfers. Physical limitations are not fully compensated by equipment. Pupil needs 2 adults for transfers. Utilises specialist equipment to enable access to curriculum and activities of daily living e.g. hoisting, complex modular seating systems, toileting equipment, manual handling aids such as transfer boards. For some children sourcing appropriate equipment is very difficult due to the complexity of their needs.

Independence	Can manage own medical, and self-care needs with minimal support.	Can manage own intimate, and self-care need with minimal adult support. May have needs relating to undertaking practical tasks.	Requires targeted, but time limited, adult support in administrating/ participating in routines/ interventions to manage their condition.	Limited independence in managing interventions required for their condition e.g., personal care, movement, compared with what would be expected for their age.	Very limited independence in managing interventions required for their condition e.g., personal care, movement, compared with what would be expected for their age.	Requiring some adult support for most of their toileting, eating and drinking needs. CYP might be aware of toileting needs and routine; and be able to participate in aspects of this.	CYP are most reliant on adult support for care routines, which can be carried out by an educational professional.	Wholly reliant on adult support for all intimate and self-care needs. CYP are likely to have care routines that have to be authorised by a trained professional or specialist medical carer.
Mental health and wellbeing	May experience low self-esteem or low-level anxiety as a result of physical differences or medical needs.	May have physical and/or medical differences, which may make CYP self-conscious, isolate, or behave erratically.	May have physical and/or medical differences, which may make CYP self-conscious, isolate, or behave erratically.	Physical and/or medical condition may impact on their self-esteem, social interactions and emotional regulation.	Physical and/or medical condition impacts to a great extent on their self-esteem, social interactions, and emotional regulation.	Physical and/or medical condition severely impacts on their self-esteem, social interactions, and emotional regulation.	Physical and/or medical condition severely impacts on their self-esteem, social interactions, and emotional regulation.	Physical and/or medical condition profoundly impacts on their self-esteem, social interactions, and emotional regulation.
Response to sensory inputs	Not atypically affected by sensory inputs and any anxiety related to unusual sights or sounds is short-lived.	May experience anxiety and present with varying levels of responsiveness to sensory input with unusual interest in sensory aspects of the environment. This can fluctuate.	Presents with varying responsiveness to sensory input, with a moderate impact on their engagement in learning. Can be supported with sensory breaks and input.	Presents with varying responsiveness to sensory input, easily distracted/upset by noise/touch/light, leading to some distressed /unexpected behaviour. Sensory inputs may include auditory, visual, touch, movement, oral or a combination of these factors. May need frequent sensory breaks and input to regulate.	Presents with varying responsiveness to sensory input causing regular distress. May exhibit active sensory seeking behaviours such as running or shouting, or the need for eating or chewing. May need adult support to remove themselves from situations of sensory overload. With regular sensory breaks and input the CYP is often still significantly dysregulated and/or showing signs of high sensory alert.	Presents with varying responsiveness to sensory input which is causing regular and frequent distress. With regular sensory breaks and input the CYP is often still severely dysregulated.	Extreme sensory challenges on a daily basis. With regular sensory breaks and input the CYP is still severely dysregulated. Sensory challenges for those with complex medical needs may include dystonia or fitting triggered by loud noises or flashing lights.	Extreme sensory challenges on a daily basis. With regular sensory breaks and input the CYP is still profoundly dysregulated. Sensory challenges for those with complex medical needs may include dystonia or fitting triggered by loud noises or flashing lights. PMLD CYP often need specialist sensory input in order to engage at all.